



2624
AF\$

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/255,987	
	Filing Date	February 23, 1999	
	First Named Inventor	Tomonari YOSHIMURA	
	Art Unit	2624	
	Examiner Name	T. Lee	
Total Number of Pages in This Submission	12	Attorney Docket Number	325772007400

RECEIVED

FEB 04 2004

Technology Center 2600

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP Deborah S. Gladstein - 43,636
Signature	
Date	January 30, 2004



PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known																																													
		Application Number	09/255,987																																												
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 23, 1999																																												
		First Named Inventor	Tomonari YOSHIMURA																																												
		Examiner Name	T. Lee																																												
TOTAL AMOUNT OF PAYMENT (\$)		420.00	Art Unit	2624																																											
METHOD OF PAYMENT (check all that apply)		Attorney Docket No.		325772007400																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES																																													
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP																																															
The Director is authorized to: (check all that apply)		FEE CALCULATION (continued)																																													
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																															
FEE CALCULATION		FEB 04 2004 Technology Center 2600																																													
1. BASIC FILING FEE		Large Entity Small Entity																																													
<table border="1"><thead><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>0.00</td></tr></tbody></table>		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					0.00	Fee Description			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																										
1001	770	2001	385	Utility filing fee																																											
1002	340	2002	170	Design filing fee																																											
1003	530	2003	265	Plant filing fee																																											
1004	770	2004	385	Reissue filing fee																																											
1005	160	2005	80	Provisional filing fee																																											
SUBTOTAL (1)					0.00																																										
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Large Entity Small Entity																																													
<table border="1"><thead><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>0.00</td></tr></tbody></table>		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					0.00	Fee Description			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																										
1202	18	2202	9	Claims in excess of 20																																											
1201	86	2201	43	Independent claims in excess of 3																																											
1203	290	2203	145	Multiple dependent claim, if not paid																																											
1204	86	2204	43	** Reissue independent claims over original patent																																											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																											
SUBTOTAL (2)					0.00																																										
SUBMITTED BY		(Complete if applicable)																																													
Name (Print/Type)	Deborah S. Gladstein	Registration No. (Attorney/Agent)	43,636	Telephone	(703) 760-7753																																										
Signature	Deborah S. Gladstein	Date	January 30, 2004																																												